

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Koch Exploration Company	
Address P.O. Box 2256; Wichita, Kansas 67201	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter info ☐
Recompletion ☐	Change in Gas ☐
Change in Ownership ☒	Change in Lease ☐
Other (Please explain) KOCH EXPLORATION CO.	

If change of ownership give name and address of previous owner: KOCH INDUSTRIES INC. P.O. BOX 2256 WICHITA, KANSAS 67201

DESCRIPTION OF WELL AND LEASE

Lease Name Gonzales	Section 1	Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF-078596
Location				
Unit Letter P	1095	Feet From The South	1120	Feet From The East
Line of Section 1	Township 29N	Range 8W	NMNM, San Juan	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 108 Farmington, NM 87401
Name of Authorized Transporter of Gas El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492; El Paso, Texas 79978
If well produces oil or liquids, give location of tanks. P 1 29N 8W	Is it actually connected? Yes
	When 2-1-81

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 8-3-80	Date Pump. Ready to Prod. 9-3-80	Total Depth 7534	F.B.T.D.					
Elevations (D.R.B., RT, GR, etc.) GR 6222' KB 6236	Name of Producing Formation Basin Dakota	Top of Gas Pay 7277-7452	Tubing Depth 7420					
Perforations 7277-7452 (selective) Dakota	Depth Casing Shoe 7521							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4	10-3/4	197	250 SX
8-3/4	7	3225	400 SX
6-1/4	4-1/2	7521	450 SX
	2-3/8	7420	

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

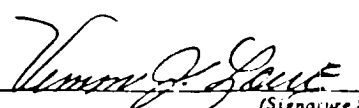
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MAY 31 1983
OIL CON. DIV. 1
DIST. 3

GAS WELL

Actual Prod. Test-MCF/D 1065	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pr	Tubing Pressure (Shut-in) 2100 psi	Casing Pressure (Shut-in) 2170#	Choke Size 3/8"

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
Operations Manager
(Title)
May 25, 1983
(Date)

OIL CONSERVATION COMMISSION

MAY 31 1983

APPROVED _____, 19____
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.